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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	717901.

I hereby appoint:

Practitioners at Customer Number
OR
 Practitioner(s) named below:

27128



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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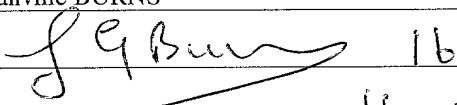
OR

<input type="checkbox"/> Firm or Individual Name	Kevin M. Kercher Blackwell Sanders Peper Martin LLP				
Address	720 Olive Street, 24th Floor				
Address					
City	St. Louis	State	MO	Zip	63101
Country	United States				
Telephone	314-345-6000	Fax	314-345-6060		

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.7.1.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	John Granville BURNS
Signature	
Date	16 NOV 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

Burden Hour Statement, This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, D C 20231
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number 717901.	
		First Named Inventor	
COMPLETE IF KNOWN			
Declaration Submitted With Initial Filing		Application Number Unknown	
OR		Filing Date Herewith	
Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Group Art Unit Unknown	
		Examiner Name Unknown	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
"Playing Surface Substrate, in particular Turf Mats"

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YY)

06/02/2000

as United States Application Number or PCT International (if applicable).

Application Number

PCT/GB00/02134

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/GB00/02134	PCT	06/02/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9912909.0	GB	06/04/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0012882.7	GB	05/30/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION • Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label 27128 OR Correspondence address below

Name Kevin M. Kercher**Address** Blackwell Sanders Peper Martin LLP**Address** 720 Olive Street, Suite 2400**City** St. Louis **State** Missouri **ZIP** 63101**Country** US **Telephone** 314-345-6000 **Fax** 314-345-6060

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	John Granville	Family Name Or Surname	Burns
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Inventor's Signature			Date 20 Nov 2001
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Residence: City Turriff	Aberdeenshire State	United Kingdom Country	British Citizenship
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Mailing Address**Mailing Address** The Old School, Forglen

City Turriff	State Aberdeenshire	AB53 4JJ ZIP	United Kingdom Country
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Family Name Or Surname
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Inventor's Signature			Date
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Residence: City	State	Country	Citizenship
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Mailing Address**Mailing Address**

City	State	ZIP	Country
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Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.